



TOWN OF ANDOVER

Massachusetts

Town Offices
36 Bartlet Street
Andover, MA 01810
(978) 623-8200
www.andoverma.gov

Approved: _____

Denied: _____

Date: _____

APPLICATION FOR ZONING VERIFICATION FOR BUSINESS CERTIFICATION

PLEASE PRINT

1. Date of Application: _____
2. Name of Applicant: _____ Phone #: _____
3. Business Name: _____
4. Business Address: _____
5. Type of Business: (Retail Sales, Hair Dresser, etc.) Please describe in detail the business type and how it will be conducted: _____

6. Assessor's Map # _____ Lot # _____ Subdivision # _____
7. Zoning District (circle one) **SC** **MU** **OP** **GB** **IG** **IA** **ID**
8. Signature: _____